### **PAYROLL**

Wage and Hour Division

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

U.S. Wage and Hour Division

Rev. Dec. 2008

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR OR SUBCONTRACTOR DELAWARE ELEVATOR, INC								ADDRES	OMB No. Expires:	: 1235-0008 02/28/2018							
PAYROLL NO.	WAIL	FOR WEEK ENDIN	G				F	PROJEC	T AND LOCATI	IRY, MD 2180				PROJECT	OR CONTRAC	T NO.	
26				/17/2016					ST - US DIP IDARD-CON	LOMACY CE	NTER	22233					
(1)	(2)	(3)	ST.		AY AND I	DATE 15 16	17	(5)	(6)	(7)			DED	(8) UCTIONS			(9)
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY	NO. OF WITHHOLDING EXEMPTIONS	WORK	OT. OR S	S SU M	Т	W TH	F	TOTAL	RATE	GROSS AMOUNT		WITH- HOLDING	SIT	MEDI	071150	TOTAL	NET WAGES PAID
NUMBER) OF WORKER	žŚω	CLASSIFICATION	0	HOURS W	ORKED	EACH DA	Y	HOURS	OF PAY	EARNED	FICA	TAX	13.00.0000		OTHER	DEDUCTIONS	FOR WEEK
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

#### **Public Burden Statement**

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date	06/27/2016					
î.	MISTY COFFMAN		PAY	ROLL AD	MINISTRA	ΓOR
,	(Name of Signatory Party)				(Title)	<u></u>
do hereb	y state:					
(1)	That I pay or supervise the payme	ent of the persons	employed	d by		
	assistant Security (1997)	ARE ELEVATO	esson ivaluation			
		or or Subcontrac				on the
C	ONST - US DIPLOMACY CE	NTER : t	nat during	the payroll	period commo	encing on the
	(Building or Work)					
11	_ day ofJUNE, 201	6 , and ending t	he17	_ day of	JUNE	, _2016_,
	ns employed on said project have will be made either directly or indir				d, that no re	bates have
	DELAWAF	RE ELEVATOR	, INC			from the full
-	(Contrac	tor or Subcontra	ctor)			
correct a	That any payrolls otherwise under and complete; that the wage rates be wage rates contained in any wag	for laborers or m	echanics of	contained th	erein are not	less than the
set forth	therein for each laborer or mecha	nic conform with t	he work h	e performed	1.	
orogram Fraining,	That any apprentices employed in registered with a State apprentice United States Department of Lab Bureau of Apprenticeship and Trai	ship agency reco or, or if no such r	gnized by ecognized	the Bureau agency exis	of Apprentice sts in a State,	ship and
(4) T	That: (a) WHERE FRINGE BENEFITS	ARE PAID TO A	PPROVE	PLANS, F	UNDS, OR P	ROGRAMS
	<ul> <li>in addition to the bathe above reference</li> </ul>	sic hourly wage	rates paid ents of fri	to each lab	oorer or mech	nanic listed in the contract

have been or will be made to appropriate programs for the benefit of such employees,

except as noted in section 4(c) below.

### (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

### (c) EXCEPTIONS

(c) EXCEPTIONS	
EXCEPTION (CRAFT)	EXPLANATION
REMARKS:	
22	
NO WORK P	ERFORMED

NAME AND TITLE MISTY COFFMAN, PAYROLL **ADMINISTRATOR** 

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SE 31 OF THE UNITED STATES CODE.

Wage and Hour Division

#### **PAYROLL**



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Rev. Dec. 2008 ADDRESS OR SUBCONTRACTOR 7 NAME OF CONTRACTOR OMB No.: 1235-0008 2210 ALLEN DRIVE Expires: 02/28/2018 SALISBURY, MD 21801 DELAWARE ELEVATOR, INC PROJECT OR CONTRACT NO. PROJECT AND LOCATION FOR WEEK ENDING PAYROLL NO. CONST - US DIPLOMACY CENTER 27 06/24/2016 22233 STANDARD-CON (9) (4) DAY AND DATE (3) (6) (7) (1) DEDUCTIONS 18 19 20 21 22 23 24 NFT NAME AND INDIVIDUAL IDENTIFYING NUMBER **GROSS** WITH-WAGES SU W TH TOTAL AMOUNT HOLDING TOTAL PAID (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY WORK RATE SIT MEDI OTHER DEDUCTIONS FOR WEEK FICA NUMBER) OF WORKER CLASSIFICATION HOURS WORKED EACH DAY HOURS OF PAY EARNED TAX NO WORK PERFORMED

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

#### Public Burden Statement

VVe estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date	07/05/2016				(b) WHERE FRI	INGE BENEFITS ARE PAID IN	N CASH
7	MISTY COFFMAN	PAYROLL ADMIN	NISTRATOR			Forb Johanna ay wasabayin li	sted in the above referenced payroll has been paid,
I1	(Name of Signatory Party)	(T	itle)		<b>V</b> –	as indicated on the payroll.	an amount not less than the sum of the applicable
do hereb	y state:					basic hourly wage rate plus in the contract, except as no	the amount of the required fringe benefits as listed of the section 4(c) below.
(1)	That I pay or supervise the payment of the pe	ersons employed by			(c) EXCEPTION	10	
	DELAWARE ELEV	/ATOR, INC		on the	(C) EXCEPTION	15	T
*	(Contractor or Subco	ntractor)		. On the	EXCE	PTION (CRAFT)	EXPLANATION
С	ONST - US DIPLOMACY CENTER	; that during the payroll peri	iod commencing	on the			
	(Building or Work)			2040			
18		iding the <u>24</u> day of		2016			
all perso been or	ns employed on said project have been paid t will be made either directly or indirectly to or o	he full weekly wages earned, to n behalf of said	that no rebates	have			
	DELAWARE ELEVA	TOR, INC	fron	n the full			
	(Contractor or Subo	contractor)		ii uio idii			
weekly v	rages earned by any person and that no dedu	uctions have been made either	directly or indire	ctly			
3 (29 C	F.R. Subtitle A), issued by the Secretary of La 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3	bor under the Copeland Act. as	ned in Regulations amended (48 \$	ns, Part Stat. 948,			
3							
74							
( <del></del>							
( <del></del>					REMARKS:		
correct a	That any payrolls otherwise under this contra ind complete; that the wage rates for laborers be wage rates contained in any wage determin therein for each laborer or mechanic conform	or mechanics contained there	ein are not less t	han the			
program Training	That any apprentices employed in the above p registered with a State apprenticeship agenc United States Department of Labor, or if no s Bureau of Apprenticeship and Training, United	y recognized by the Bureau of a such recognized agency exists	Apprenticeship a	and	N	O WORK PERI	ORMED
(4)	That:	TO ADDDOVED DUANC FUN		OAMC	NAME AND TITLE	(b)	(6)
	(a) WHERE FRINGE BENEFITS ARE PAID	TO APPROVED PLANS, FUN	DO, UK PKUGR	CIVIN	MISTY COFFMAN,	` '	
	<ul> <li>in addition to the basic hourly to</li> </ul>	wage rates paid to each labore	er or mechanic I	listed in	ADMINISTRATOR		
	the above referenced payroll, have been or will be made to a except as noted in section 4(c)	payments of fringe benefits as propriate programs for the ber	s listed in the c	contract		CATION OF ANY OF THE ABO CIVIL OR CRIMINAL PROSECU TES CODE.	

NAME OF SUBCONTRACTOR		т	^ V	ID: I	50 1	1020	17				ADDRESS	0040 All	D.:	74		~	4 00			Rev 03/04/201
Delaware Elevator, Inc.		la la	TAX ID: 52-1193017							ADDRESS 2210 Allen Drive				Salisbury, MD 21801						
PAYROLL NO.		FOR WEEK	ENDI	NG			07/0	1/201	6		PROJECT AND	ID LOCATION VIRGINIA	CONST - US I STANDA		Y CENTE	R		PROJECT	OR CONTRAC	OT NO. 2223
(1)	(2)	(3)				(4) D	AY AND	DATE			AVENUE S	Account to the second	(7)				(8) DEDUCTIO	NS.		
NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	# OF W/H	WORK CLASSIFICATION		25	26	27	20	20	20		(5)	(6) RATE OF PAY	(7) GROSS				DEDUCTIO	,,,,		
OF EWIPLOTEE	EX.			25 Sa	26 Su	27 M	28 Tu	29 W	30 Th	F	I O IAL IIOON	TOTAL OF TAI	AMOUNT EARNED						TOTAL DEDS	NET WAGES
			T		H	OURS W	ORKED	EACH D	AY					FICA	FIT	SIT	OTHER	٦		
GILBANE BUILDING COMPANY NO ACTIVITY	0		o	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00							
94.0		Elevator Mechanic	s	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0,00	\$0.00							

NO WORK PERFORMED

Date: JUL 1 1 2016
I, Misty Coffman, Payroll Administrator
Do hereby state:
1. That I pay or supervise the payment of the persons employed by <u>Delaware Elevator</u> , <u>Inc.</u> on the <u>CONST - US DIPLOMACY CENTER</u> that during the payroll period commencing on the <u>25</u> day of <u>June</u> , <u>2016</u> and ending the <u>1</u> day of the <u>July</u> , <u>2016</u> , all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:
2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
3. That any apprentices employed in the above period are duly regisered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, Unite States Department of Labor.
4. That:
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:
X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below

(b)	WHERE	FRING	<b>BENEFITS</b>	ARE	PAID	IN	CAS	I
-----	-------	-------	-----------------	-----	------	----	-----	---

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

### (c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
	•
REMARKS	

## **NO WORK PERFORMED**

NAME AND TITLE
Misty Coffman Payroll Administrator

THE WILLFUL FALSIFICATION OF ANY OF THE ABOV SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 2 TITLE 31 OF THE UNITED STATES CODE.

NAME OF SUBCONTRACTOR TAX ID: 52-1193017 **ADDRESS** 2210 Allen Drive Salisbury, MD 21801 Delaware Elevator, Inc. PAYROLL NO FOR WEEK ENDING 0 PROJECT AND LOCATION CONST - US DIPLOMACY CENTER PROJECT OR CONTRACT NO. 07/08/2016 21ST AND VIRGINIA STANDARD-Con 22233 (1) (2) (3) (4) DAY AND DATE AVENUE SIV (8) DEDUCTIONS NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE # OF W/H EX. (6) (7) WORK CLASSIFICATION TOTAL HOURS RATE OF PAY GROSS AMOUNT EARNED 2 5 6 TOTAL DEDS NET WAGES Sa Su M Tu W Th HOURS WORKED EACH DAY FICA OTHER C.CON DC - Bayne, 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 \$0.00 \$476.64 Ronald \$133.00 \$342.50 \$131.76 \$101.62 \$708.88 \$1,096.54 0.00 0.00 0.00 0.00 8.00 0.00 0.00 8.00 Elevator Mechanic \$59.58 \$1,805.42 C.CON DC - Barlow, 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 \$0.00 \$519.39 2 Joe \$122.09 \$246.49 \$107.23 \$225.06 \$700.87 \$1,012.02 0.00 0.00 0.00 0.00 9.00 0.00 0.00 9.00 Elevator Mechanic \$57.71 \$1,712.89

Rev 03/04/2016

Date: JUL 182018		
I, <u>Misty Coffman</u> , Payroll Administrator	(b) WHERE FRING BENEFITS ARE PAID IN CASH	
1. That I pay or supervise the payment of the persons employed by <u>Delaware Elevator</u> , <u>Inc.</u> on the <u>CONST - US DIPLOMACY CENTER</u> that during the payroll period commencing on the <u>2</u> day of <u>July</u> , <u>2016</u> and ending the <u>8</u> day of the <u>July</u> , <u>2016</u> , all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:	Each laborer or mechanic listed in the above reference the payroll, an amount not less than the sum of the applical amount of the required fringe benefits as listed in the contr below.  (c) EXCEPTIONS	ble basic hourly wage rate plus the
	EXCEPTION (CRAFT)	EXPLANATION
<ol> <li>That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not</li> </ol>		
less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the		
work he performed.		
3. That any apprentices employed in the above period are duly regisered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, Unite States Department of Labor.	REMARKS	
4. That:		
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:		
X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.	NAME AND TITLE Misty Coffman Payroll Administrator	
	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE S SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION TITLE 31 OF THE UNITED STATES CODE.	

Wage and Hour Division

#### PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

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NAME OF CONTRACTOR OR SUBCONTRACTOR 7 **ADDRESS** 2210 ALLEN DRIVE OMB No.: 1235-0008 SALISBURY, MD 21801 Expires: 02/28/2018 DELAWARE ELEVATOR, INC. PROJECT OR CONTRACT NO. PAYROLL NO. FOR WEEK ENDING PROJECT AND LOCATION **CONST - US DIPLOMACY CENTER** 30 07/15/2016 22233 STANDARD-CON (4) DAY AND DATE (1) (3) (2) (9) (8) DEDUCTIONS 12 14 NET NAME AND INDIVIDUAL IDENTIFYING NUMBER **GROSS** WAGES SU TH (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY WORK OTAL RATE **AMOUNT** HOLDING TOTAL PAID SIT MEDI NUMBER) OF WORKER CLASSIFICATION HOURS WORKED EACH DAY FARNED HOURS OF PAY FICA TAX OTHER DEDUCTIONS FOR WEEK NO WORK PERFORMED

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contractors performing work on Federally financed or assisted construction contracts to respond to the information collection contractors performing work on Federally financed or assisted construction contracts to "turnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information to determine that employees have received legally required wages and fringe benefits.

#### Public Burden Statement

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Date07/25/2016		(b) WHERE FF
MISTY COFFMAN	PAYROLL ADMINISTRATOR	(0) WIERETT
(Name of Signatory Party)	(Title)	<b>▼</b> 1 -
do hereby state:		
(1) That I pay or supervise the payment of the	persons employed by	( ) EVOEDTIO
DELAWARE EL	EVATOR, INC on the	(c) EXCEPTIO
(Contractor or Sub	ocontractor)	EXC
CONST - US DIPLOMACY CENTER	that during the payroll period commencing on the	
(Building or Work)	ending the 15 day of JULY 2016	
	d the full weekly wages earned, that no rebates have	
DELAWARE ELE	from the full	
(Contractor or Su	ibcontractor)	
from the full wages earned by any person, other tha	eductions have been made either directly or indirectly in permissible deductions as defined in Regulations, Part Labor under the Copeland Act, as amended (48 Stat. 948, § 3145), and described below:	
		REMARKS:
correct and complete; that the wage rates for labore	tract required to be submitted for the above period are ers or mechanics contained therein are not less than the nination incorporated into the contract; that the classifications rm with the work he performed.	
program registered with a State apprenticeship age	o such recognized agency exists in a State, are registered	
<ul> <li>in addition to the basic hourled the above referenced payrole</li> </ul>	ID TO APPROVED PLANS, FUNDS, OR PROGRAMS  y wage rates paid to each laborer or mechanic listed in I, payments of fringe benefits as listed in the contract appropriate programs for the benefit of such employees, c) below.	NAME AND TITLE MISTY COFFMAN, ADMINISTRATOR THE WILLFUL FALSIF SUBCONTRACTOR TO 0 31 OF THE UNITED STA

#### (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

✓ – Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

#### (c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS:	

## NO WORK PERFORMED

NAME AND TITLE MISTY COFFMAN, PAYROLL

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE GIVEN WITH BURNEY BURNEY OF THE 18 AND SECTION 231 OF TITLE SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

NAME OF SUBCONTRACTOR			TA	XI	D: 52	2-119	3017					ADDRESS	2210 Aller	n Drive			Salisl	bury, MD	21801		
Delaware Elevator, Inc.														12-21/1/2000			72.11047-07.00/C4				
PAYROLL NO. 3			FOR WEEK EN	IDING	3			07/2	2/201	6		PROJECTAND 21ST AND V		CONST - US DI STANDAR		CENTER		PR	ROJECTO	R CONTRACT N	o. 2223
(1) NAME, ADDRESS, AND	(2) # OF	(3) WOR		П			(4)	DAY AND	DATE	Γ		AVENUE SV (5)	(6)	(7)				(8) DEDUCTIONS			
SOCIAL SECURITY NUMBER OF EMPLOYEE	W/H EX.	CLASSIFIC			16	17	18	19	20	21	22	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED						TOTAL DEDS	NET WAGES
3)	-	-		Н	Sa	Su	M	Tu	W	Th	F				FICA	FIT	SIT	OTHER	-		WAGES
	7	C.CON DC - G	Gray,	0	0.00	0,00			0.00	0.00	0.00	0.00	\$0.00	\$188.34	\$74.08	\$25.87	\$53.19	\$22.23		\$175.37	\$792.9
		Elevator Mecha	anic	s	0.00	0.00	0.00	0.00	0.00	0.00	3.00	3.00	\$62.78	\$968.34							
	0	C.CON DC - V	řilkas,	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$502.60	\$114.22	\$251.27	\$106.15	\$159.42		\$631.06	\$922.0
		Appr 3	5 - QU anic	s	0.00	0.00	0.00	0.00	0.00	10.00	0.00	10.00	\$50.26	\$1,553.10							
	8	C.CON DC - M	⁄ludge,	o	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$580.60	\$148.15	\$139.18	\$0.00	\$382.73		\$670.06	\$1,458.8
		Elevator Mecha	anic	s	0.00	0.00	0.00	0.00	0.00	10.00	0.00	10.00	\$58.06	\$2,128.95							

Date:	AUG C 1 2016
I, <u>Misty</u>	Coffman , Payroll Administrator
Do hereb	/ state:
	1. That I pay or supervise the payment of the persons employed by <u>Delaware Elevator, Inc.</u> on the <u>CONST - US DIPLOMACY CENTER</u> that during the payroll period commencing on the <u>16</u> day of <u>July</u> , <u>2016</u> and ending the <u>22</u> day of the <u>July</u> , <u>2016</u> , all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:
	2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
	3. That any apprentices employed in the above period are duly regisered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, Unite States Department of Labor.
	4. That:
	(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:

(b) WHERE	FRING	BENEFITS	ARE PAID	IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE		(d) (d)
Misty Coffman	Payroll Administrator	
THE WILLELL FALSIEW	CATION OF ANY OF THE ABOVE ST	TATM
	CIVIL OR CRIMINAL PROSECUTIO	A D (A) - 1984
TITLE 31 OF THE UNITE	TO OTHER CODE	

WARE OF SUPPOSITE LOTER												T									Rev 03/04/2016
NAME OF SUBCONTRACTOR			TA	X II	D: 5	2 - 11	930	17				ADDRESS 2210 Allen Drive Salisbury, MD 21801									
Delaware Elevator, Inc.																		-			
PAYROLL NO. 32		F	FOR WEEK E	NDING	i)			07/29	9/201	6		PROJECT AND		CONST - US I STANDA		Y CENTEI	R		PROJECT	OR CONTRACT	NO. 22233
(1)	(2)	(3)					(4) D.	AY AND	DATE			AVENUE S	1					(8) DEDUCTIO	NIS		
NAME, ADDRESS, AND SOCIAL SECURITY NUMBER	# OF ER W/H	WORK CLASSIFICA										(5)	(6)	(7)	DEDOCTIONS						
OF EMPLOYEE	EX.	4042040204504004004004004		23		24	25	26	27	28	29	TOTAL HOUR	RATE OF PAY	GROSS AMOUNT				Г	T	NET	
0) (6)					Sa	Su	M	Tu	W	Th	F			EARNED						TOTAL DEDS	WAGES
					HOURS WORKED EACH DAY									FICA FI			SIT	OTHER	3		
	0	C.CON DC - Bayn Ronald	- Bayne,		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$476.64	\$135.84	\$351.77	\$134.63	\$101.6	62	\$723.86	\$1,118.6
		Elevator Mecha	nanic	s (	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	\$59.58	\$1,842.49							

Date: AUG 0 8 2016	
I, _Misty Coffman, Payroll Administrator	
Do hereby state:	
1. That I pay or supervise the payment of the persons employed by <u>Delaware Elevate</u> the <u>CONST - US DIPLOMACY CENTER</u> that during the payroll period commenci day of <u>July</u> , <u>2016</u> and ending the <u>29</u> day of the <u>July</u> {,2016, all persons persons employ project have been paid the full weekly wages earned, that no rebates have been or will either directly or indirectly to or on behalf of said from the full weekly wages earned person and that no deductions have been made either directly or indirectly from the full earned by any person, other than permissible deductions as defined in Regulations, pa Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:	ing on the 23 yed on said be made by any ill wages ut 3 (29 CFR
2. That any payrolls otherwise under this contract required to be submitted for the ab are correct and complete; that the wage rates for laborers or mechanics contained ther less than the applicable wage rates contained in any wage determination incorporated contract; that the classifications set forth therein for each laborer or mechanic conformwork he performed.	rein are not into the
3. That any apprentices employed in the above period are duly regisered in a bona fice apprenticeship program registered with a State apprenticeship agency recognized by the Apprenticeship and Training, United States Department of Labor, or if no such recognized exists in a State, are registered with the Bureau of Apprenticeship and Training, United Department of Labor.	the Bureau of nized agency
4. That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, O	R PROGRAMS:
X In addition to the basic hourly wage rates paid to each laborer or mechanic listed is referenced payroll, payments or fringe benefits as listed in the contract have been or very to appropriate programs for the benefit of such employees, except as noted in Section	vill be made

### (b) WHERE FRING BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

#### (c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	
//->	

NAME AND TITLE

Misty Coffman Payroll Administrator

THE WILLFUL FALSIFICATION OF ANY OF THE ABOV SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECT TITLE 31 OF THE UNITED STATES CODE.

Rev 03/04/2016 NAME OF SUBCONTRACTOR TAX ID: 52-1193017 ADDRESS 2210 Allen Drive Salisbury, MD 21801 Delaware Elevator, Inc. PAYROLL NO. 33 FOR WEEK ENDING PROJECT AND LOCATION CONST - US DIPLOMACY CENTER PROJECT OR CONTRACT NO. 08/05/2016 21ST AND VIRGINIA STANDARD-Con 22233 AVENUE SW (1) (4) DAY AND DATE (2) (3) (8) DEDUCTIONS (5) (6) (7) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE # OF W/H EX. WORK CLASSIFICATION GROSS AMOUNT EARNED TOTAL HOURS RATE OF PAY 30 31 2 3 TOTAL DEDS NET WAGES Sa W Su M Tu Th HOURS WORKED EACH DAY FICA FIT SIT OTHER C.CON DC - Fisher, 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 \$0.00 \$999.00 Ryan \$106.34 \$255.37 \$533.90 \$0.00 \$172.19 \$949.10 Appr 9-901 0.00 0.00 8.00 10.00 0.00 0.00 0.00 18.00 \$55.50 Elevator Mechanic \$1,483.00 C.CON DC - Bayne, 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 \$0.00 \$1,072.44 Ronald \$141.33 \$371.23 \$140.19 \$101.62 \$754.37 \$1,159.82 0.00 0.00 8.00 10.00 0.00 0.00 0.00 18.00 \$59.58 \$1,914.19 Elevator Mechanic

Date: AUG 1 5 2016							
I, _Misty Coffman, Payroll Administrator	(b) WHERE FRING BENEFITS ARE PAID IN CASH						
1. That I pay or supervise the payment of the persons employed by <u>Delaware Elevator</u> , <u>Inc.</u> on the <u>CONST - US DIPLOMACY CENTER</u> that during the payroll period commencing on the <u>30</u> day of <u>July</u> , <u>2016</u> and ending the <u>5</u> day of the <u>August</u> , <u>2016</u> , all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:	Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.  (c) EXCEPTIONS						
Sale 100, 72 Sale 507, 70 Sale 507, 10 Sister 2700, and described 630	EXCEPTION (CRAFT)	EXPLANATION					
2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the							
contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.							
3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, Unite States Department of Labor.	REMARKS						
4. That:							
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS , FUNDS, OR PROGRAMS:							
X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.	NAME AND TITLE Misty Coffman Payroll Administrator	(6)					
	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE S						

SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 TITLE 31 OF THE UNITED STATES CODE.

																				Rev 03/04/2016
AME OF SUBCONTRACTOR		TA	١X	ID:	52-1	1930	17				ADDRESS	2210 Alle	en Drive			Salis	bury, N	ID 218	301	
Delaware Elevator, Inc.																				
AYROLL NO. 35		FOR WEEK E	ENDI	NG			08/19	9/201	6		PROJECT AN 21ST AND		CONST - US I STANDA		Y CENTE	R		PROJECT	OR CONTRACT	NO. 22233
(1)	(2)	(3)	Г			(4) D	AY AND	DATE		15	AVENUE S	The state of the s	(7)			ı	(8) DEDUCTIO	NS		
NAME, ADDRESS, AND SOCIAL SECURITY NUMBER	# OF W/H	WORK CLASSIFICATION							4.0	- 10	(5)	(6) RATE OF PAY	(7) GROSS							
OF EMPLOYEE	LOYEE EX.			13 Sa	14 Su	15 M	16 Tu	17 W	18 Th	19 F	I O I AL HOUK	NAIL OF TAI	AMOUNT EARNED						TOTAL DEDS	NET WAGES
6)			$\vdash$			OURS W		EACH D						FICA	FIT	SIT	OTHER			
	0	C.CON DC - Bayne, Ronald	o	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$208.53	\$131.62	\$337.98	\$130.36	\$101.6	2	\$701.58	\$1,085.75
		Elevator Mechanic	s	0.00	0.00	0.00	0.00	0.00	3.50	0.00	3.50	\$59.58	\$1,787.33							
	0	C.CON DC - Buck, Nick	o	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$270.24	\$58.54	\$99.38	\$57.78	\$169.0	0	\$384.70	\$420.54
		Appr   - 50% Elevator Mechanic	s	0.00	0.00	0.00	0.00	0.00	6.00	0.00	6.00	\$45.04	\$805.24			o .				
	7	C.CON DC - Gray, Charles	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$565.02	\$135.73	\$141.85	\$115.89	\$22.2	3	\$415.70	\$1,358.48
		Elevator Mechanic	s	0.00	0.00	0.00	0.00	0.00	9.00	0.00	9.00	\$62.78	\$1,774.18			_				



AUG 29 2018

100 2010
Date:
I, <u>Misty Coffman</u> , Payroll Administrator
Do hereby state:
1. That I pay or supervise the payment of the persons employed by <u>Delaware Elevator</u> , <u>Inc.</u> on the <u>CONST - US DIPLOMACY CENTER</u> that during the payroll period commencing on the <u>13</u> day of <u>August</u> , <u>2016</u> and ending the <u>19</u> day of the <u>August</u> , <u>2016</u> , all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:
2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
3. That any apprentices employed in the above period are duly regisered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, Unite States Department of Labor.
4. That:
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:
X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

#### (b) WHERE FRING BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

#### (c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	
	b) (6)

NAME AND TITLE

Misty Coffman Payroll Administrator

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE ST SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION TITLE 31 OF THE UNITED STATES CODE.

NAME OF SUBCONTRACTOR		т	·	- ID	-0.4	1000	47				ADDRESS					287 000				Rev 03/04/2016
Delaware Elevator, Inc.		1	AX	ID:	02-1	1930	17				ADDINESS	2210 Alle	en Drive			Salis	sbury, N	1D 218	301	
PAYROLL NO. 36		FOR WEEK	END	NG		ĵ	08/20	5/201	6		PROJECT AND	ID LOCATION VIRGINIA	CONST - US I		Y CENTE	R		PROJECT	OR CONTRAC	TNO. 22233
(1)  NAME, ADDRESS, AND SOCIAL SECURITY NUMBER	(2) # OF W/H	(3) WORK CLASSIFICATION	RK				AY AND				AVENUE S (5)	(6)	(7)			ι	(8) DEDUCTIO	NS		2223
OF EMPLOYEE	EX.			20 Sa	21 Su	22 M	23 Tu	24 W	25 Th	26 F	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED						TOTAL DEDS	NET WAGES
o) (6)	0	C.CON DC - Bayne, Ronald	0	0.00		0.00			1	0.00	0.00	\$0.00	\$178.74	\$118.23	\$294.25	\$116.80	\$101.6		\$630.90	\$981.50
		Elevator Mechanic	s	0.00	0.00	0.00	0.00	0.00	3.00	0.00	3.00	\$59.58	\$1,612.40							
	7	C.CON DC - Gray, Charles	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$188.34	\$110.75	\$92.88	\$90.49	\$22.2	13	\$316.35	\$1,131.38
		Elevator Mechanic	s	0.00	0.00	3.00	0.00	0.00	0.00	0.00	3.00	\$62.78	\$1,447.73							



SEP 0 6 2016

## STATEMENT OF COMPLIANCE

Date:
I, _Misty Coffman, Payroll Administrator
1. That I pay or supervise the payment of the persons employed by <u>Delaware Elevator, Inc.</u> on the <u>CONST - US DIPLOMACY CENTER</u> that during the payroll period commencing on the <u>20</u> day of <u>August, 2016</u> and ending the <u>26</u> day of the <u>August, 2016</u> , all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:
2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
3. That any apprentices employed in the above period are duly regisered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, Unite States Department of Labor.
4. That:
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS , FUNDS, OR PROGRAMS:
X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE	FRING B	ENEFITS A	RE PA	ID IN CA	SF

\_\_\_\_ Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	

		(b) (c)
NAME AND TITLE		(p) (g)
Misty Coffman	Payroll Administrator	
	CATION OF ANY OF THE ABOV CIVIL OR CRIMINAL PROSECU ED STATES CODE .	

												r									1164 00/04/201
NAME OF SUBCONTRACTOR		TAX ID: 52-1193017										ADDRESS 2210 Allen Drive				Salisbury, MD 21801					
Delaware Elevator, Inc.																					
YROLL NO. 37			FOR WEEK ENDING 09/02/2016						PROJECT AND		CONST - US D STANDA		Y CENTE	R		PROJECT	OR CONTRACT	NO. 2223:			
(1)	(2)	(3)	)				(4) D	AY AND	DATE			AVENUE S	(6)	(7)			(8) DEDUCTIONS				
NAME, ADDRESS, AND SOCIAL SECURITY NUMBER	# OF W/H EX.	WOR CLASSIFIC	ION CONTRACTOR OF THE CONTRACT																		
OF EMPLOYEE	MPLOYEE EX.		1 1 20		27	28	29	30	G0000 100000 100000 100000 100000 100000 1		TOTAL HOOK	Thair or the	AMOUNT EARNED					TOTAL DEDS	NET WAGES		
0) (6)				H	Sa	Su H	M OURS W	Tu ORKED	EACH	Th	F			EAGUED	FICA	FIT	SIT	OTHER		DEDS	WAGES
	o	C.CON DC - Ronald	- Bayne,	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$297.90	\$131.33	\$337.06	\$130.07	\$101.6	52	\$700.08	\$1,083.
		Elevator Med	chanic	s	0.00	0.00	5.00	0.00	0.00	0.00	0.00	5.00	\$59.58	\$1,783.64							

Rev 03/04/2016

SEP 12 2018

Date:
I, _Misty Coffman, Payroll Administrator
1. That I pay or supervise the payment of the persons employed by <u>Delaware Elevator</u> , <u>Inc.</u> on the <u>CONST - US DIPLOMACY CENTER</u> that during the payroll period commencing on the <u>27</u> day of <u>August</u> , <u>2016</u> and ending the <u>2</u> day of the <u>September</u> , <u>2016</u> , all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:
State. 1905, 72 State. 2017, 70 State. 237, 40 O.S.C. 2700) and described below.
2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
3. That any apprentices employed in the above period are duly regisered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, Unite States Department of Labor.
4. That:
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS , FUNDS, OR PROGRAMS:
X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made

to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

### (b) WHERE FRING BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

EXCEPTION (CRAFT)	EXPLANATION
	,
REMARKS	

NAME AND TITLE		(b) (6)
Misty Coffman	Payroll Administrator	
THE WILLFUL FALSI	FICATION OF ANY OF THE ABO	— VH
SUBCONTRACTOR T	O CIVIL OR CRIMINAL PROSEC	U'HON. SEE SECTION 1001 OF TITLE 10 AND SECTION 2.11

NAME OF SUBCONTRACTOR TAX ID: 52-1193017 ADDRESS 2210 Allen Drive Salisbury, MD 21801 Delaware Elevator, Inc. PAYROLL NO. CONST - US DIPLOMACY CENTER PROJECT OR CONTRACT NO. PROJECT AND LOCATION FOR WEEK ENDING 09/09/2016 21ST AND VIRGINIA STANDARD-Con 22233 (4) DAY AND DATE AVENUE SV (8) DEDUCTIONS (2) (7) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE # OF W/H EX. WORK CLASSIFICATION GROSS AMOUNT EARNED OTAL HOURS RATE OF PAY 5 8 3 4 TOTAL DEDS NET WAGES Sa Su M Tu W Th HOURS WORKED EACH DAY FICA SIT OTHER C.CON DC - Bayne, 0 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 \$0.00 \$178.74 \$574.87 \$898.87 Ronald \$107.62 \$259.58 \$106.05 \$101.62 0.00 | 0.00 | 0.00 0.00 0.00 0.00 3.00 3.00 \$59.58 \$1,473.74 Elevator Mechanic C.CON DC - Gray, 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 \$0.00 \$188.34 Charles \$87.51 \$47.30 \$66.85 \$22.23 \$223.89 \$919.95 0.00 0.00 0.00 0.00 0.00 0.00 3.00 3.00 \$62.78 \$1,143.84 Elevator Mechanic

Rev 03/04/2016

SEP 14 2016

## STATEMENT OF COMPLIANCE

Date:	
I, _Misty Coffman, Payroll Administrator	Misty Coffman, Payroll Administrator
Do hereby state:  1. That I pay or supervise the payment of the persons employed by <u>Delaware Elevator</u> , <u>Inc.</u> on	
the <u>CONST - US DIPLOMACY CENTER</u> that during the payroll period commencing on the <u>3</u> day of <u>September</u> , <u>2016</u> and ending the <u>9</u> day of the <u>September</u> , <u>2016</u> , all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:	day of <u>September</u> , <u>2016</u> and ending the <u>9</u> day of the <u>September</u> , <u>2016</u> , all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48
2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the
3. That any apprentices employed in the above period are duly regisered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, Unite States Department of Labor.	apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, Unite States
4. That:	4. That:
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:	(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS , FUNDS, OR PROGRAMS:
X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made	

to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

### (b) WHERE FRING BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

EXCEPTION (CRAFT)	EXPLANATION
	5
REMARKS	

NAME AND TITLE		(b) (6)		
	Payroll Administrator FICATION OF ANY OF THE ABOVE STORY OF CIVIL OR CRIMINAL PROSECUTION			
TITLE 31 OF THE UNI			y	

NAME OF SUBCONTRACTOR		TAX ID: 52-1193017									ADDRESS 2210 Allen Drive				Salisbury, MD 21801					
Delaware Elevator, Inc.																	•			
PAYROLL NO. 39							FOR WEEK ENDING 09/16/2016 PROJECT AND LOCATION CONST - US DIPLOMACY CENTER 21ST AND VIRGINIA STANDARD-Con				R		PROJECT	OR CONTRAC	T NO. 22233					
(1)	(2)	(3)	T			(4) D	AY AND	DATE			AVENUE S	100 CO	(7)				DEDUCTION	ONS		
NAME, ADDRESS, AND SOCIAL SECURITY NUMBER	# OF W/H	WORK CLASSIFICATION									(5)	(6) RATE OF PAY	(7) GROSS							
OF EMPLOYEE	EX.	properties and an experience of the second o		10 Sa	11 Su	12 M	13 Tu	14 W	15 Th	16 F	TO TAL TIOUR	TOTAL OF TAI	AMOUNT EARNED						TOTAL DEDS	NET WAGES
29					НС	URS W	ORKED	EACH D	AY					FICA	FIT	SIT	OTHE	R		
GILBANE BUILDING COMPANY NO ACTIVITY	0		0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00							
													A							
		Elevator Mechanic	l°	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00							

NO WORK PERFORMED

SEP 2 6 2016

## STATEMENT OF COMPLIANCE

Date:	
I, _Misty Coffman, Payroll Administrator	
1. That I pay or supervise the payment of the persons employed by <b>Delaware Elevator</b> , the <b>CONST - US DIPLOMACY CENTER</b> that during the payroll period commencing day of <b>September</b> , <b>2016</b> and ending the <b>I6</b> day of the <b>September</b> , <b>2016</b> , all persons person employed on said project have been paid the full weekly wages earned, that no rebates hat or will be made either directly or indirectly to or on behalf of said from the full weekly we earned by any person and that no deductions have been made either directly or indirectly full wages earned by any person, other than permissible deductions as defined in Regulation (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:	on the 10 ons ve been rages from the ions, part 3 ed (48
	-
2. That any payrolls otherwise under this contract required to be submitted for the above are correct and complete; that the wage rates for laborers or mechanics contained therein less than the applicable wage rates contained in any wage determination incorporated int contract; that the classifications set forth therein for each laborer or mechanic conform work he performed.	are not o the
3. That any apprentices employed in the above period are duly regisered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Apprenticeship and Training, United States Department of Labor, or if no such recogniz exists in a State, are registered with the Bureau of Apprenticeship and Training, Unite St Department of Labor.	ed agency
4. That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS , FUNDS, OR I	PROGRAMS:
X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the referenced payroll, payments or fringe benefits as listed in the contract have been or will	

to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

### (b) WHERE FRING BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

EXCEPTION (CRAFT)	EXPLANATION													
	š													
REMARKS														
NO WORK PERFOR	MEP													

NAME AND TITLE Misty Coffman Payroll Administrator			(h) (6)			
	200 00 0000	Payroll Administrator				
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE S SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION TITLE 31 OF THE UNITED STATES CODE.	SUBCONTRACTOR TO	CIVIL OR CRIMINAL PROSECUTION		U	V	

																				Rev 03/04/2016	
NAME OF SUBCONTRACTOR		T	AX	ID:	52-1	1930	17				ADDRESS 2210 Allen Drive						Salisbury, MD 21801				
Delaware Elevator, Inc.																	-				
PAYROLL NO. 40	O9/23/2016							PROJECT AND LOCATION CONST - US DIPLOMACY CENTER PROJECT OR CONTRACT 21ST AND VIRGINIA STANDARD-Con							T NO. 22233						
(1)	(2)	(3)	(4) DAY AND DATE AVENUE SW (8) (5) (6) (7) DEDUCTIONS										NS								
NAME, ADDRESS, AND SOCIAL SECURITY NUMBER	# OF W/H	WORK CLASSIFICATION									10.5	(3).5	GROSS				AV-0.003				
OF EMPLOYEE	EX.			17 Sa	18 Su	19 M	9   20   21   22   23		AMOUNT EARNED						TOTAL DEDS	NET WAGES					
			$\top$		Н	DURS W	ORKED	EACH D	AY					FICA	FIT	SIT	OTHER	₹ .			
GILBANE BUILDING COMPANY NO ACTIVITY	0		o	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00								
		Elevator Mechanic	s	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00								

NO WORK PERFORMED

OCT 03 2016

## STATEMENT OF COMPLIANCE

Date:
I, _Misty Coffman, Payroll Administrator
Do hereby state:  1. That I pay or supervise the payment of the persons employed by <u>Delaware Elevator</u> , <u>Inc.</u> on the <u>CONST - US DIPLOMACY CENTER</u> that during the payroll period commencing on the <u>17</u>
day of <u>September</u> , <u>2016</u> and ending the <u>23</u> day of the <u>September</u> ( <u>2016</u> , all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:
2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
3. That any apprentices employed in the above period are duly regisered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, Unite States Department of Labor.
4. That:
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:
X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made

to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

### (b) WHERE FRING BENEFITS ARE PAID IN CASH

\_\_\_\_ Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	
NO WORK P	ERFORMED

NAME AND TITLE		(b) (6)		
Misty Coffman	Payroll Administrator			
	FICATION OF ANY OF THE ABOV O CIVIL OR CRIMINAL PROSECU			
TITLE 31 OF THE UN	ITED STATES CODE .		SERVEZ.	

NAME OF SUBCONTRACTOR		-	۸ ۷	10	FO 4	4000	47				ADDRESS		- 0002001			No. 11.27			- According	Rev 03/04/2016
Delaware Elevator, Inc.		1,	ΑX	ID:	52-1	1930	17				ADDRESS	2210 Alle		Salisbury, MD 21801						
PAYROLL NO. 41		FOR WEEK	09/30/2016								PROJECT AND	ID LOCATION VIRGINIA	DIPLOMAC	PLOMACY CENTER PROJECT OR CONTRACT NO. 22233						
(1)  NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) # OF W/H EX.	(3) WORK CLASSIFICATION		24	25	(4) [	27	DATE 28	29	30	AVENUE S (5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS			ſ	(8) DEDUCTIO	NS		
(0)	LX.			Sa	Su	M	Tu	W	Th	50 F			AMOUNT EARNED						TOTAL DEDS	NET WAGES
(6)	0	C.CON DC - Bayne, Ronald	0	0.00	0.00	ĺ	0.00			0.00	0.00	\$0.00	\$417.06	\$137.07	\$355.81	\$135.88	\$101.6		\$730.38	\$1,128.2
		Elevator Mechanic	s	0.00	0.00	3.00	0.00	0.00	4.00	0.00	7.00	\$59.58	\$1,858.64							
	7	C.CON DC - Gray, Charles	o	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$219.73	\$128.57	\$127.82	\$108.61	\$22.2	3	\$387.23	\$1,293.4
		Elevator Mechanic	s	0.00	0.00	3.50	0.00	0.00	0.00	0.00	3.50	\$62.78	\$1,680.63		1					

OCT 10 7018

## STATEMENT OF COMPLIANCE

Date:	
I, _Misty Coffman, Payroll Administrator	(b) WHI
1. That I pay or supervise the payment of the persons employed by <u>Delaware Elevator</u> , <u>Inc.</u> on the <u>CONST - US DIPLOMACY CENTER</u> that during the payroll period commencing on the <u>24</u> day of <u>September</u> , <u>2016</u> and ending the <u>30</u> day of the <u>September</u> {, <u>2016</u> , all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:	Eac the payr amount below.
2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	
3. That any apprentices employed in the above period are duly regisered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, Unite States Department of Labor.	REMA
4. That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:	
X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.	NAME Misty (

#### (b) WHERE FRING BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

EXCEPTION (CRAFT)	EXPLANATION
	-
REMARKS	
	1/(2)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE S SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION	NAME AND TITLE Misty Coffman	Payroll Administrator	(b) (b)	
ITLE 31 OF THE UNITED STATES CODE.	JBCONTRACTOR TO	CIVIL OR CRIMINAL PROSECU		

NAME OF SUBCONTRACTOR  Delaware Elevator, Inc.		TA	λX	ID: {	52-1	930	17				ADDRESS	2210 Alle		Salisbury, MD 21801						
PAYROLL NO. 42		FOR WEEK	ENDII	NG			10/07	7/201	6		PROJECT AND		CONST - US I STANDA		Y CENTE	R		PROJECT	OR CONTRAC	T NO. 22233
(1)  NAME, ADDRESS, AND SOCIAL SECURITY NUMBER	(2) # OF W/H	(3) WORK CLASSIFICATION			_	(4) D.	AY AND	DATE		7	AVENUE S (5)	(6) RATE OF PAY	(7) GROSS				DEDUCTION	ONS		
OF EMPLOYEE	EX.		L	Sa	Su	M M	4 Tu	W	Th	F			AMOUNT EARNED	FICA	F17	OUT	OTHE		TOTAL DEDS	NET WAGES
GILBANE BUILDING COMPANY NO ACTIVITY	0		o	0.00		0.00				0.00	0.00	\$0.00	\$0.00		FIT	SIT	OTHE			
		Elevator Mechanic	s	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00							

NO WORK PERFORMED

Rev 03/04/2016

OCT 172018

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I, \_Misty Coffman\_\_\_, Payroll Administrator

Do hereby state:

1. That I pay or supervise the payment of the persons employed by <u>Delaware Elevator, Inc.</u> on the <u>CONST - US DIPLOMACY CENTER</u> that during the payroll period commencing on the <u>1</u> day of <u>October</u>, <u>2016</u> and ending the <u>7</u> day of the <u>October</u>, <u>2016</u>, all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:

- 2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- 3. That any apprentices employed in the above period are duly regisered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, Unite States Department of Labor.
- 4. That:
- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:
- X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

#### (b) WHERE FRING BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	
NO WORK PERF	DRMED

NAME AND TITLE Misty Coffman	Payroll Administrator	(b) (6)	IRF	,
	ICATION OF ANY OF THE ABOVI OCIVIL OR CRIMINAL PROSECU' TED STATES CODE .		N 1001 OF IIILE	18 AND SECTION 231

																				Rev 03/04/201
NAME OF SUBCONTRACTOR		T/	ΔX	ID: 5	52-1	1930	17				ADDRESS	2210 Alle	en Drive			Salis	bury, N	1D 218	801	
Delaware Elevator, Inc.																		CONTROL CONTROL	ACTIVITY OF A	
PAYROLL NO. 43		FOR WEEK	ENDI	NG			10/14	4/201	6		PROJECT AND		CONST - US I STANDA		Y CENTE	R		PROJECT	OR CONTRACT	r no. 22233
(1) NAME, ADDRESS, AND	(2) # OF	(3) WORK CLASSIFICATION				(4) D	AY AND	DATE	1		AVENUE S (5)	(6)	(7)				DEDUCTIO	NS		
SOCIAL SECURITY NUMBER OF EMPLOYEE	W/H EX.	CLASSIFICATION	ŀ	8	9	10	11	12	13	14	TOTAL HOUR	RATE OF PAY	GROSS AMOUNT EARNED					T	TOTAL DEDS	NET WAGES
(b) (6)				Sa	Su	M	Tu	W	Th	F			EARNED	FIGA	CIT.	OUT	OTUE		DEDS	WAGES
(b) (6)	o	C.CON DC - Bayne, Ronald	0	0.00		0.00		0.00	0.00	0.00	0.00	\$0.00	\$268.11	FICA \$121.54	\$305.05	\$120,15	\$101.6		\$648.36	\$1,007.2
		Elevator Mechanic	s	0.00	0.00	0.00	0.00	2.00	0.00	2.50	4.50	\$59.58	\$1,655.61							

OCT 2 4 2018

	E.	4 LU
Date:		

I, \_Misty Coffman\_\_\_, Payroll Administrator

Do hereby state:

1. That I pay or supervise the payment of the persons employed by <u>Delaware Elevator, Inc.</u> on the <u>CONST - US DIPLOMACY CENTER</u> that during the payroll period commencing on the <u>8</u> day of <u>October, 2016</u> and ending the <u>14</u> day of the <u>October, 2016</u>, all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:

- 2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- 3. That any apprentices employed in the above period are duly regisered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, Unite States Department of Labor.
- 4. That:
- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:
- <u>X</u> In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

#### (b) WHERE FRING BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	
Se de vega se servicione	

NAME AND TITLE	(b)	(6)	
Misty Coffman	Payroll Administrato		
	ICATION OF ANY OF THE A		
SUBCONTRACTOR TO TITLE 31 OF THE UNIT		CUTION. SEE SECTION 1001 OF T	ITLE 18 AND SECTION 231

Wage and Hour Division

#### PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. Rev. Dec. 2008 OR SUBCONTRACTOR 🔽 NAME OF CONTRACTOR ADDRESS 2210 ALLEN DRIVE OMB No.: 1235-0008 Expires: 02/28/2018 SALISBURY, MD 21801 DELAWARE ELEVATOR, INC PROJECT OR CONTRACT NO. FOR WEEK ENDING PROJECT AND LOCATION PAYROLL NO. CONST - US DIPLOMACY CENTER 10/21/2016 22233 STANDARD-CON (2) (3) (4) DAY AND DATE (7) (9) (8) DEDUCTIONS 15 18 19 20 NET NAME AND INDIVIDUAL IDENTIFYING NUMBER WAGES GROSS WITH-SU M (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY TOTAL RATE AMOUNT HOLDING TOTAL PAID WORK MEDI SIT EARNED FICA OTHER DEDUCTIONS FOR WEEK NUMBER) OF WORKER CLASSIFICATION HOURS WORKED EACH DAY OF PAY TAX WORK PERFORMED

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DDL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information to determine that employees have received legally required wages and fringe benefits.

#### **Public Burden Statement**

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W.

Washington, D.C. 20210

Date 10/31/2016	ALVANUEDE EDINGE DENEETE ADE DAID IN GAGN
. MISTY COFFMAN PAYROLL ADMINISTRATOR	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
(Name of Signatory Party) (Title) do hereby state:	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed</li> </ul>
(1) That I pay or supervise the payment of the persons employed by	in the contract, except as noted in section 4(c) below.  (c) EXCEPTIONS
DELAWARE ELEVATOR, INC	(c) EXCELLIONS
(Contractor or Subcontractor)	EXCEPTION (CRAFT) EXPLANATION
CONST - US DIPLOMACY CENTER; that during the payroll period commencing on the	*
(Building or Work)  15 day of October 2016, and ending the 21 day of october 2016,	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said	
DELAWARE ELEVATOR, INC from the full	
(Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
	REMARKS:
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	MO WORK PERFORMED
(4) That:	NAME AND TITLE SIGNATURE
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE MISTY COFFMAN, PAYROLL (b) (6)
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in	ADMINISTRATOR
the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE A SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSE 31 OF THE UNITED STATES CODE.
CARRELEGICAL TRANSPORT CONTRACTOR	

Wage and Hour Division

### PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. Rev. Dec. 2008 NAME OF CONTRACTOR OR SUBCONTRACTOR [7] 2210 ALLEN DRIVE OMB No.: 1235-0008 Expires: 02/28/2018 SALISBURY, MD 21801 DELAWARE ELEVATOR, INC. PROJECT OR CONTRACT NO. FOR WEEK ENDING PROJECT AND LOCATION PAYROLL NO. CONST - US DIPLOMACY CENTER 45 10/28/2016 22233 STANDARD-CON (4) DAY AND DATE (1) (2) (3) (9) (8) DEDUCTIONS 22 23 24 25 26 27 NET NAME AND INDIVIDUAL IDENTIFYING NUMBER GROSS WITH-WAGES M (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY WORK TOTAL RATE AMOUNT HOLDING TOTAL PAID SIT MEDI NUMBER) OF WORKER CLASSIFICATION HOURS WORKED EACH DAY HOURS OF PAY **EARNED** FICA TAX OTHER DEDUCTIONS FOR WEEK **VORK PERFORMED** 

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages pai"deach employee during the preceding week." U.S. Department of Labor (DDL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed by a signed with the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agoncies receiving this information review the information to determine that employees have received legally require wages and fringe benefits.

#### Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date _	11/07/2016		(b) WHERE EDINGE DEA	IEEITO ADE DAID IN	LCASH
1	MISTY COFFMAN	PAYROLL ADMINISTRATOR	(b) WHERE FRINGE BEN		
11	(Name of Signatory Party)	(Title)			ted in the above referenced payroll has been paid, an amount not less than the sum of the applicable
do here	by state:		basic ho	ourly wage rate plus t	the amount of the required fringe benefits as listed ted in section 4(c) below.
(1	That I pay or supervise the payment of the	persons employed by			
	DELAWARE ELI	EVATOR, INC on the	(c) EXCEPTIONS		<b>-</b>
	(Contractor or Sub	contractor)	EXCEPTION (CR	AFT)	EXPLANATION
	CONST - US DIPLOMACY CENTER (Building or Work)	; that during the payroll period commencing on the			
22		ending the 28 day of october 2016			
	ons employed on said project have been paid will be made either directly or indirectly to or	I the full weekly wages earned, that no rebates have on behalf of said			
	DELAWARE ELE\	ATOR, INC from the full			
	(Contractor or Su	pcontractor)			
from the	full wages earned by any person, other than	ductions have been made either directly or indirectly n permissible deductions as defined in Regulations, Part abor under the Copeland Act, as amended (48 Stat. 948,			
63 Stat.	108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. §	3145), and described below.			
100					
-					
			REMARKS:		
correct a	and complete; that the wage rates for labore	ract required to be submitted for the above period are rs or mechanics contained therein are not less than the ination incorporated into the contract; that the classifications m with the work he performed.	No	D WORK F	PERFORMED
program Training	registered with a State apprenticeship agen	period are duly registered in a bona fide apprenticeship cy recognized by the Bureau of Apprenticeship and such recognized agency exists in a State, are registered ed States Department of Labor.			
(4)	That:	TO ADDROVED DIANG FUNDO OD DDOOF	NAME AND TITLE		
		D TO APPROVED PLANS, FUNDS, OR PROGRAMS	MISTY COFFMAN, PAYROLL	(b) (6)	
	<ul> <li>in addition to the basic hourly</li> </ul>	wage rates paid to each laborer or mechanic listed in	ADMINISTRATOR	46	
	the above referenced payroll	payments of fringe benefits as listed in the contract appropriate programs for the benefit of such employees,	THE WILLFUL FALSIFICATION OF A SUBCONTRACTOR TO CIVIL OR CRII 31 OF THE UNITED STATES CODE.	ANY OF THE MINAL PROSECUTION. S	SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITL

Wage and Hour Division

#### PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. Rev. Dec. 2008 NAME OF CONTRACTOR OR SUBCONTRACTOR 🔽 2210 ALLEN DRIVE OMB No.: 1235-0008 SALISBURY, MD 21801 Expires: 02/28/2018 DELAWARE ELEVATOR, INC PROJECT OR CONTRACT NO. PAYROLL NO. FOR WEEK ENDING PROJECT AND LOCATION CONST - US DIPLOMACY CENTER 46 11/04/2016 22233 STANDARD-CON (1) (4) DAY AND DATE (2) (3) (7) (9) DEDUCTIONS 29 30 31 2 3 NFT NAME AND INDIVIDUAL IDENTIFYING NUMBER GROSS WITH-WAGES M W (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY WORK TOTAL RATE AMOUNT HOLDING PAID SIT MEDI NUMBER) OF WORKER CLASSIFICATION HOURS WORKED EACH DAY HOURS OF PAY EARNED FICA TAX OTHER DEDUCTIONS FOR WEEK

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information to determine that employees have received legally required wages and fringe benefits.

#### Public Burden Statement

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Date 11/17/2016		
	DAVDOLL ADMINISTRATOR	(b) WHERE FRINGE BENEFITS ARE PA
I,MISTY COFFMAN (Name of Signatory Party)	PAYROLL ADMINISTRATOR (Title)	✓ – Each laborer or mechan as indicated on the pay
do hereby state:	,	basic hourly wage rate in the contract, except a
(1) That I pay or supervise the payment of the p		(c) EXCEPTIONS
DELAWARE ELE	on the	(-)
(Contractor or Subc	contractor)	EXCEPTION (CRAFT)
CONST - US DIPLOMACY CENTER	; that during the payroll period commencing on the	
(Building or Work) 29 day of October 2016 and e	ending the04 day ofNovember2016	
	the full weekly wages earned, that no rebates have	
DELAWARE ELEV	ATOR, INC from the full	
(Contractor or Sub		
63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. §	abor under the Copeland Act, as amended (48 Stat. 948, 3145), and described below:	
		REMARKS:
correct and complete; that the wage rates for laborer	act required to be submitted for the above period are s or mechanics contained therein are not less than the nation incorporated into the contract; that the classifications n with the work he performed.	NG WOR
program registered with a State apprenticeship agend	such recognized agency exists in a State, are registered	
	ed States Department of Labor.	
(4) That:		
(a) WHERE FRINGE BENEFITS ARE PAID	od States Department of Labor.  D TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE
(a) WHERE FRINGE BENEFITS ARE PAID		NAME AND TITLE MISTY COFFMAN, PAYROLL ADMINISTRATOR

### AID IN CASH

nic listed in the above referenced payroll has been paid, yroll, an amount not less than the sum of the applicable plus the amount of the required fringe benefits as listed as noted in section 4(c) below.

EXCEPTION (CRAFT)	EXPLANATION
REMARKS:	
NG WORK	PERFORMED
NAME AND TITLE	SIGNATURE

NAME AND TITLE	SIGNATURE
MISTY COFFMAN, PAYROLL (b) (6) ADMINISTRATOR	
THE WILLFUL FALSIFICATION OF ANY OF THE SUBCONTRACTOR TO CIVIL OR CRIMINAL PRO 31 OF THE UNITED STATES CODE.	

Wage and Hour Division

## **PAYROLL**



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. Rev. Dec. 2008 NAME OF CONTRACTOR OR SUBCONTRACTOR 7 ADDRESS 2210 ALLEN DRIVE OMB No.: 1235-0008 Expires: 02/28/2018 SALISBURY, MD 21801 DELAWARE ELEVATOR, INC PAYROLL NO. PROJECT OR CONTRACT NO FOR WEEK ENDING PROJECT AND LOCATION CONST - US DIPLOMACY CENTER 47 11/11/2016 22233 STANDARD-CON (1) (3) (4) DAY AND DATE (2) (7) (9) (8) DEDUCTIONS OF THHOLDING EMPTIONS 9 10 NET NAME AND INDIVIDUAL IDENTIFYING NUMBER GROSS WITH-WAGES M SU W (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY WORK TOTAL RATE **AMOUNT** HOLDING TOTAL PAID SIT MEDI NUMBER) OF WORKER CLASSIFICATION HOURS WORKED EACH DAY **EARNED** FICA TAX OTHER DEDUCTIONS FOR WEEK NO WORK PERFORMED

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

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Date11/21/2016		(b) WHERE FRINGE BENEFITS ARE PAID IN	I CASH
MISTY COFFMAN	PAYROLL ADMINISTRATOR		
(Name of Signatory Party) do hereby state:	(Title)	as indicated on the payroll, a	ted in the above referenced payroll has been paid, an amount not less than the sum of the applicable the amount of the required fringe benefits as listed ted in section 4(c) below
(1) That I pay or supervise the payment of the payment	ersons employed by		ica in coolion in (o) bolow.
DELAWARE ELEY	VATOR, INC on the	(c) EXCEPTIONS	1
(Contractor or Subco	ontractor)	EXCEPTION (CRAFT)	EXPLANATION
CONST - US DIPLOMACY CENTER (Building or Work)	; that during the payroll period commencing on the		
05 day of November 2016 and er	nding the11 day ofNovember, _2016_,		
all persons employed on said project have been paid to been or will be made either directly or indirectly to or or	he full weekly wages earned, that no rebates have		
DELAWARE ELEVA	ATOR, INC		3
(Contractor or Subo	contractor)		
weekly wages earned by any person and that no ded from the full wages earned by any person, other than 3 (29 C.F.R. Subtitle A), issued by the Secretary of La 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3	permissible deductions as defined in Regulations, Part bor under the Copeland Act, as amended (48 Stat. 948.		
		REMARKS:	
correct and complete; that the wage rates for laborers	ation incorporated into the contract; that the classifications		
program registered with a State apprenticeship agence	such recognized agency exists in a State, are registered	NO WORK P.	ERFORMED
(4) That: (a) WHERE FRINGE BENEFITS ARE PAID	TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE	SIGNATURE
— in addition to the basic hourly w	wage rates paid to each laborer or mechanic listed in	MISTY COFFMAN, PAYROLL ADMINISTRATOR	
	payments of fringe benefits as listed in the contract propriate programs for the benefit of such employees, below.	THE WILLFUL FALSIFICATION OF ANY OF THE SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. S 31 OF THE UNITED STATES CODE.	SEE SECTION 1001 OF THE 18 AND SECTION 231 OF TITLE
			V

NAME OF SUBCONTRACTOR  Delaware Elevator, Inc.		TAX ID: 52-1193017					ADDRESS 2210 Allen Drive				Salisbury, MD 21801									
PAYROLL NO. 48		FOR WEEK	ENDI	NG		2	11/18	3/201	6		PROJECT AN 21ST AND		CONST - US I STANDA		Y CENTE	R		PROJECT	FOR CONTRAC	T NO. 2223
(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) # OF W/H EX.	(3) WORK CLASSIFICATION		12	13	(4) DA	15	16	17	18	(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT		1		DEDUCTIO	ONS	TOTAL	NET WAGES
GILBANE BUILDING COMPANY NO ACTIVITY	0		o	0.00		O.00				0.00	0.00	\$0.00	\$0.00	FICA	FIT	SIT	OTHE	R	DEDS	WAGES
		Elevator Mechanic	s	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00							

NO WORK PERFORMED

Date: NOV 2 8 2016
I, _Misty Coffman, Payroll Administrator
Do hereby state:  1. That I pay or supervise the payment of the persons employed by <u>Delaware Elevator</u> , <u>Inc.</u> on the <u>CONST - US DIPLOMACY CENTER</u> that during the payroll period commencing on the <u>12</u> day of <u>November</u> , <u>2016</u> and ending the <u>18</u> day of the <u>November</u> , <u>2016</u> , all persons persons
employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:
2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
3. That any apprentices employed in the above period are duly regisered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, Unite States Department of Labor.
4. That:
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS , FUNDS, OR PROGRAMS:
X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

### (b) WHERE FRING BENEFITS ARE PAID IN CASH

\_\_\_\_ Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

EXCEPTION (CRAFT)	EXPLANATION						
REMARKS							
NO WORK PERFORMED							

NAME AND TITLE		(b) (6)	
Misty Coffman	Payroll Administrat		
SUBCONTRACTOR TO	FICATION OF ANY OF THE O CIVIL OR CRIMINAL PRO		01 OF TITLE 18 AND SECTION 231
TITLE 31 OF THE UNI	TED STATES CODE.		